		D/					
		PATIENT LABEL Unit Record No.: Surname: Given Names:					
OTHER CONTINUOU REGIONAL ANALGES			Sex:				
LOCAL ANAESTHETIC ORDER	RS: (* = sign and d	ate any changes)	GENERAL ORDERS:				
1. DRUG:			 Oxygen at 2 to 4 L/min via nasal specs or 6 L/min via mask while orders are in effect. 				
Place appropriat	e drug label here		 Systemic opioids (including intermittent PRN oral or subcutaneous opioids, or PCA opioid, or any long-acting opiod that the patient takes on a regular basis) may be continued. 				
2. CONCENTRATION:			 No anticoagulant or antiplatelet medications, including NSAIDS, to be given (other than heparin for 				
3. BOLUS DOSES AND INFUSIO If continuous regional analgesia ca the anaesthetist who signed these	theter (CRA) is not la	belled please call	the prevention of DVTs or low- dose aspirin) before consulting with the APS. <i>Anaesthetist to</i> <i>delete if not applicable (please</i> <i>sign and date).</i>				
CRA CATHETER 1	CRA CATHETER	<u>R 2</u>	Signature Date				
Location:	Location:		 An anti-syphon valve must be in- line between patient and any CRA syringe or infusion bag at all times. 				
Bolus Dose: *	Bolus Dose: *		 Maintain IV access while orders are in effect. 				
mL	to	mL	 6. Monitoring requirements: see overleaf. 				
hourly PRN <u>or</u>	hour	ly PRN <u>or</u>	7. For inadequate analgesia or other				
athrs,hrs,hrs	at hrs,	hrs,hrs	problems related to the analgesia contact the APS. The APS should be notified if the patient has two consecutive pain scores >7 at res and/or FAS = C.				
musion rate.	to	mL/hr	 8. Mobilise patients according to parent clinic instructions but 				
Requested duration of infusion days	Requested	sion days	accompanied by 2 staff members initially in case of problems with gait and/or balance.				
			YES NO Signature				
SIGNATURE OF ANAESTHETIST			Date:				
	(Print name	1)				
CATHETER 1		CATHETER 2	and				
Cease infusion and remove catheter: Date:	Time:	Cease infusion remove cathete					
Give next dose of heparin: Date:	Time:	Give next dose heparin:	of Date: Time:				
Signature of anaesthetist:		Signature of ana	esthetist:				
Catheter 1 removed and complete	9:	Catheter 2 removed and complete:					
Signature of RN:		Signature of RN:					
Date:			Date:				

	CALHN									F	PATIE	ENT LABEL									AU	VEF	JOE	DRUC
OTHER CONTINUOUS REGIONAL ANALGESIA			U	Unit Record No.:									Dr	ŋd		Date								
			s	urna	ame:																			
Observations and Record o Drug Administration				OT		Given Names:																		
•					 ns 1	s 1 to 5 EACH HOUR for 8 hours and then 2 HOURLY						1	Cian		umatama	includ								
												and respiratory rate of					ymptoms						ngiir	g ar
PCA orde		Moveme										aesthetic doses must			If pat	ient sh	ows symp Initiate a	otoms,	cease	CR	A in	fusio		
	SCORES AN																							
	TION SCOR											a bolus dose:			DRU	G:			Loo	catio	on c	of Ca	the	er 1
-	RATORY R		0.11				R	lecord	Items	1 to 4	every	/ 5 minutes for 20 minut	es.				Catheter 1	Cathe	ator 2	Poir	. <u>Soo</u>	res		VI
	ENT TOTAL														Date	Time	Dose (total mL)	Do (total	se			4 6		
Pain Sco	re:	s	Seda	tion	Sco	ore:					F	Functional Activity Sco	re (FAS):	1										
0 = no p			f the patient is also requiring systemic									A = no limitation of releva												
	st pain imagir		opioid analgesia, sedation scores should be recorded according to the guidelines for that technique of opioid administration. If sedation score ≥ 2 , notify the APS. If sedation score $= 3$ also initiate a MER call. Cease CRA infusion and/or administration							be	due to pain (relative													
	d pain score	te									B = mild limitation of activ	/ity due												
	a pain score and <u>with mov</u>	11						he AP	S. If		to pain	-												
	oughing	5									C = unable to complete activity due													
		0	of a b	olus	s dos	ose. Revert to hourly suntil sedation score < 2 for at						to pain												
									score < vy opic		at													
Curront t	otal dose of							,	7 -1					-										
Junent	otal dose of																							
Record in			•				ige is	s char	nged a	nd doc	umen	nt the volume discarded.												
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DRUG REACTIONS												
		Signature										
S	THETI	с тох										
g a	STHETIC TOXICITY g around mouth, visual disturbances, tinnitus, muscle											
	d/or administration of a bolus dose. Give oxygen by mask, ria.											
er	1:		Lo	ocatio	n of Catheter 2:							
x	FAS	Sed'n	Resp	M/S	Comments	Signature RN or MO						
)		Score	Rate			RN or MO						
						+						
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